

U.S. District Court for the Southern District of California
Perkins v. Philips Oral Healthcare, Inc., et al.

**Must be Postmarked by
[REDACTED], 2013**

PHILIPS AIRFLOSS SETTLEMENT

PROOF OF CLAIM FORM

INSTRUCTIONS

If you would like to receive a voucher, you must complete this Claim Form.

1. Settlement Class Members may submit one Claim Form.
2. For more information, please visit the Settlement website at www.PhilipsAirFlossSettlement.com or call the Settlement information line toll free at 1-877-421-6828.
3. You must sign and date the declaration on page 2.
4. Please return your Claim Form postmarked no later than by [REDACTED], 2013, to:

By Mail: Philips AirFloss Settlement
P.O. Box 3614
Minneapolis, MN 55403-0614

By Email: mail@PhilipsAirFlossSettlement.com

By Fax: (952) 955-4589

5. QUESTIONS? Visit the settlement website at www.PhilipsAirFlossSettlement.com or call toll-free at 1-877-421-6828.

SETTLEMENT CLASS MEMBER INFORMATION

FIRST NAME OF SETTLEMENT CLASS MEMBER															MIDDLE INITIAL	
LAST NAME OF SETTLEMENT CLASS MEMBER																
MAILING ADDRESS																
CITY					STATE					ZIP CODE						
DAYTIME PHONE NUMBER					EVENING PHONE NUMBER											
EMAIL ADDRESS																

CLAIM INFORMATION

You must answer each question or statement below.

1. I purchased a new Philips Sonicare AirFloss for which I am submitting a claim on or about the following date: _____/_____/_____

2. I purchased the Philips Sonicare AirFloss in the following city and state: _____

3. I am a resident of California YES NO

4. I purchased the following type of Philips Sonicare AirFloss:
 SINGLE-PACK
 DOUBLE-PACK

5. I have attached proof of purchase of the Philips Sonicare AirFloss for which I am submitting a claim (acceptable proof includes a store receipt or warranty registration). YES NO

6. I have enclosed the AirFloss for which I am submitting a claim. YES NO

7. I received a refund from Philips or a retailer for the Phillips Sonicare AirFloss for which I am submitting a claim. YES NO

DECLARATION

I declare, under penalty of perjury under the laws of the United States, that all the information submitted on this Proof of Claim Form, and any documents attached to it, is true and correct to the best of my knowledge.

PRINT NAME _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

DATE

THIS CLAIM FORM MUST BE POSTMARKED BY _____, 2013 AND MAILED TO:

**PHILIPS AIRFLOSS SETTLEMENT
P.O. BOX 3614
MINNEAPOLIS, MN 55403-0614.**